LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
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June 17, 2013

TO: Each Supervisor

FROM: Marvin J. Southard, D.S.W.
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SUBJECT: **REPORT OUT FROM MEETING ON MAY 21, 2013**

On May 21, 2013, I met with Supervisors Michael D. Antonovich and Mark Ridley-Thomas to discuss three issues: 1) Better coordination between Department of Mental Health (DMH) and Department of Public Social Services (DPSS) to meet the needs of homeless individuals with mental illness who are participating in the General Relief program; 2) Clarification of the process involved in a fuller implementation of Laura's Law in Los Angeles County; and 3) Provision of 24-hour access for Board offices to homeless outreach and other crisis services. At the conclusion of the meeting DMH was asked to prepare a formal response on these three matters and to make the information available to all members of your Board.

On the issue of coordinating services for homeless mentally ill individuals in the context of the General Relief Program, staff from DPSS and DMH worked together to develop a policy and set of procedures that would streamline services to this population and eliminate unnecessary and duplicative processes. A copy of that procedure is included as Attachment 1.

Regarding the expansion of Laura's Law, DMH has a three-part strategy. The first strategy is to expand our existing Laura's Law pilot program using existing resources. This plan is proceeding rapidly and is allocating an additional 20 treatment slots to the existing program. A delay is being worked through concerning licensing issues for the facilities involved.

The second strategy is to explore a much more robust expansion of the pilot Laura's Law program potentially using the resources of the MHSA program as allowed by law to add a combination of 300 Full Service Partnership slots and IMD Step-Down beds to the treatment resources available to program participants. The costs of such an expansion would be significant, and Attachment 2 describes the process that would be used to allocate the additional resources required.

The third strategy is to explore the feasibility of utilizing the legal process outlined in the statute to operationalize Laura's Law in a different manner than currently employed in

our pilot. Using the statutory framework would require cooperation from and the resources of the Courts and the Public Defender as well as an investigatory capacity within DMH. Therefore, DMH is convening a workgroup chaired by Dr. Rod Shaner, DMH Medical Director, to examine the question in detail. The workgroup will include members of National Alliance on Mental Illness (NAMI) as well as other advocacy interests. Details of the workgroup and its timelines are included as Attachment 3.

I will be contacting each of your offices to brief you on a procedure for 24-hour, 7-day a week access to crisis and emergency service for you and your Office.

Please contact me if you have any questions on these matters.

MJS:tld

Attachments

c: Mental Health Deputies
Chief Executive Office
Robin Kay, Ph.D.
Roderick Shaner, M.D.

DMH/DPSS CO-LOCATED PROGRAM

Enhanced Streamlining of Mental Health Services for General Relief (GR) Participants

The following protocol is being submitted to the Los Angeles County Board of Supervisors as a result of the Board's request to prevent duplication of services for homeless GR participants accessing Department of Public Social Services (DPSS) benefits and mental health clinical assessments.

The Los Angeles County Departments of Mental Health (DMH) and DPSS have mutually collaborated and agreed on the following protocol to improve coordination and circumvent duplication of services for GR participants with mental health impairments and psychosocial barriers, particularly homelessness.

Background

GR participants who disclose mental health issues are screened by DPSS via the Mental Health Screening Form (ABP 4029) which allows DPSS to identify a participant as having a mental health barrier to employment. For GR participants who are identified as having a possible mental health service need, a referral to the DMH co-located clinician is made for a clinical assessment to confirm their mental health barrier to employment and length of expected disability. This information is communicated to DPSS via a Referral for Mental Health Services Form (PA 2012). Upon receipt of the applicant/participant's employability designation, DPSS approves GR cash benefits but may also include food stamps, and/or housing services, if needed. Participants identified as being unable to participate in work activities due to a mental health issue are excused from participation in work activities.

Shared Program Enhancements

DMH and DPSS have collaborated and agreed upon the following program enhancements as a first step to address the Board's request with respect to GR participants who are currently receiving mental treatment thereby avoiding a duplicate mental health clinical assessment:

- GR participants who apply or are receiving benefits and have been identified with a possible mental health service need by DPSS' Eligibility Workers (EW) will be flagged to be expedited by the DMH's co-located clinician who will verify that the applicant/participant is involved in treatment.

- GR participants who are identified with open episodes in DMH's Integrated System (IS) and are currently receiving mental health treatment will no longer be required to undergo a second assessment by DMH's co-located clinicians at DPSS offices.

- In addition to verifying the participant's involvement in mental health treatment, the co-located clinician will meet with the participant to ensure that there is no immediate risk, i.e., harm of self or others.

- Via DMH's Secure Email system, the co-located clinician will inform the mental health treatment provider of the GR participant's DPSS visit and the expectation that the mental health provider is required to collaborate with DPSS for continued eligibility and benefits.

- Individuals receiving ongoing treatment at a DMH directly-operated clinic will meet access criteria of being severely and persistently mentally ill; therefore, these GR participants will be deemed as permanent Needs Special Assistance (NSA), provided up to a 24-month work exemption and referred to DPSS' SSI Advocacy program for potential benefits establishment.

- DMH's clinicians will enter the GR participant's NSA and SSI eligibility status in DPSS' LEADER system to prompt an SSI Advocacy appointment and inform DPSS' EW of the GR participant's status.

Outcomes and Monitoring

DMH will track the number of GR participants engaged in mental health treatment and share data files with DPSS to identify the number of GR participants for whom a second assessment is not required. DPSS will ensure that each mental health referral to DMH's co-located clinicians is accompanied by an ABP 4029 which identifies the GR participant's involvement in mental health treatment. Both departments will continue working towards improved coordination of services for GR participants to strengthen collaboration between County departments.

LAURA'S LAW IMPLEMENTATION WORKPLAN

Department of Mental Health (DMH) is convening a countywide workgroup to design a Laura's Law (WIC 4345-4349) Assisted Outpatient Treatment (AOT) program for Los Angeles County, with a projected capacity of 300 clients. The work will be completed in six months and occur in the following phases:

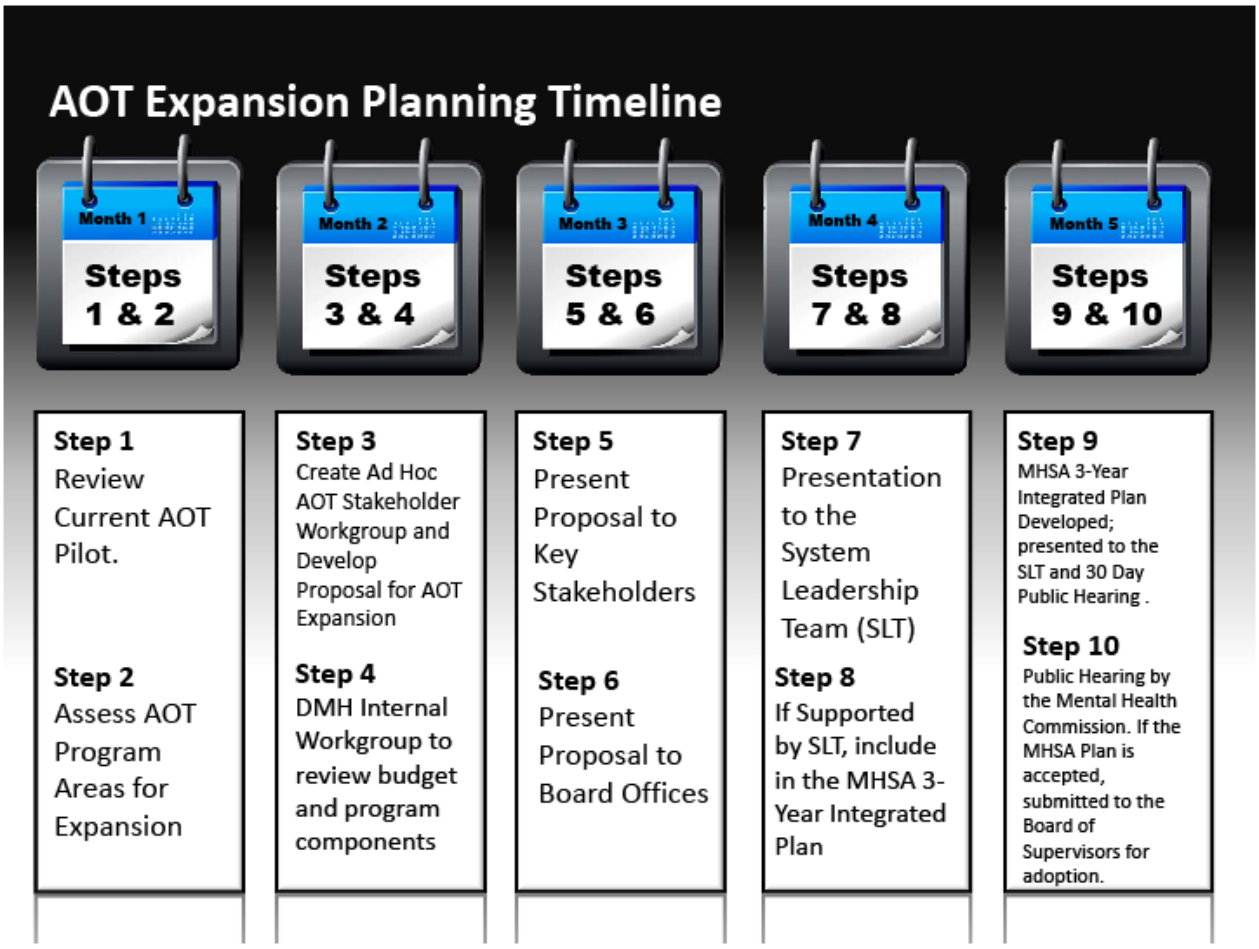
Step 1: Development of a Laura's Law AOT Blueprint for Los Angeles County
With consultation from mental health law expert, DMH has commenced drafting an AOT program for Los Angeles County that permits full implementation of Laura's Law. The associated workgroup will create a structured model that covers the following essential program elements:

1. Preparatory activities client enrollment: referrals and processing
2. Contents of petition: individual elements to be covered.
3. Pretrial work: evaluations
4. Trial proceedings: hearing
5. Preservation of the rights of the respondent
6. AOT order and program development: Description of program contents and enforcement mechanisms
7. Delineation of Mental Health Director's role
8. Outline of cost estimates

Step 2: Stakeholder review
DMH will convene a stakeholder group consisting of agencies involved in the operation of Laura's Law, consumer and family advocacy groups, mental health experts, and other interested parties to review and possibly modify plan content in order to permit the most cost-effective implementation. The initial meeting is scheduled for the second week of July.

Step 3: Implementation planning
Working with stakeholder groups, and in consultation with involved agencies, DMH will develop an implementation plan for a Laura's Law AOT program. Where implementation options exist, DMH will identify the combination of implementation options that is most likely to achieve the goals of Laura's Law. The work product will be an AOT program proposal and will be completed by the end of calendar year 2013.

Overall, the proposed expansion of the current Assisted Outpatient Treatment (AOT) services funded by MHSA dollars will be presented to the stakeholders and DMH System Leadership Team (SLT) during the planning process established for the MHSA 3-Year Integrated Plan. It is anticipated that the State will release the MHSA Planning Guidelines within the next 3 months. Should the proposed AOT expansion be incorporated into the MHSA 3-Year Plan and accepted by the Mental Health Commission and the Board of Supervisors, it would be implemented in Fiscal Year (FY) 2014-15.



Step 1: Review of the Current AOT Pilot
A review of the current AOT services which will include program and client level outcomes, e.g., service utilization, costs, access, client flow, resource distribution, client outcomes.

Step 2: Assess AOT Program Area for Expansion
Based on the review of the current AOT pilot, determined the program areas where expansion is necessary to either maintain or increase program viability.

Step 3: Create Ad Hoc AOT Stakeholder Workgroup
A time-limited workgroup will be created to provide input and feedback regarding the current AOT Pilot and recommendations to expand AOT services. This workgroup will be convened by Roderick Shaner, M.D., DMH Medical Director, and participants would represent stakeholders such as NAMI, Client Advocates, providers, court, public guardian, etc.

Step 4: DMH Internal Workgroup
Members from the DMH Executive Management Team and program and fiscal staff will review the budget and program components to ensure that they are within MHSA regulations. At this time, it is believed that an expansion of AOT will draw on dollars allocated to the Community Services and Support (CSS) component of the MHSA. Several fiscal issues must be considered such as the FY 2013-14 MHSA allocation, current commitments, other recommendations adopted by the stakeholders for inclusion into the MHSA 3-Year Integrated Plan.

Steps 5 and 6: Presentations
Given the strong interested in AOT, DMH proposes that presentations be made to stakeholders who were not included in developing the proposal. Also, there will be scheduled presentations to the Board of Supervisors and the County Chief Executive Office prior to presentation to the SLT.

Step 7: Presentation to the SLT
A presentation will be made to the DMH SLT to solicit their input and feedback regarding the AOT Proposal.

Step 8: MHSA 3-Year Integrated Plan
If the SLT supports the AOT Proposal, it will be included in the DMH MHSA 3-Year Integrated Plan according to the guidelines which will be developed by the MHSOAC.

Steps 9 and 10: MHSA Required Stakeholder Process
The entire MHSA 3-Year Integrated Plan will be presented to the SLT and posted for a 30-day public comment period. After the public comment period, there will be a public hearing held convened by the Mental Health Commission. If the 3-Year Integrated Plan is accepted by the Mental Health Commission, the plan will be sent to the Board of Supervisors for review and possible adoption.